

POSITION	INITIALS	ID NO.	DATE
	CAB	42	9-2
FEES DETERMINATION		20803	6/18
O.I.P.E. CLASSIFIER	DR	32	6/22/88
FORMALITY REVIEW	DR	71423	6-30-88

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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